

HOGARES, INC.

EMPLOYMENT APPLICATION

HOGARES, INC. is an equal employment opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, race, national origin, ancestry, physical or mental handicap, serious medical condition, disability, veteran status, or any other status or condition protected by applicable laws, except where a bonafide occupational qualification applies.

Name: _____ Date: _____
Last First Middle

Social Security Number: _____ Telephone # (____) _____

Present Address: _____
Street City State Zip

Are you at least twenty one (21) years of age? Yes _____ No _____

I have lived at the above address since: (month\year) _____

Please list your addresses for the last five years:

STREET	CITY & STATE	DATES IN YEARS	
		FROM	TO

All HOGARES, INC. employees may be required to drive company vehicles. Because of this, the following information is needed.

Do you have a valid New Mexico Driver License: Yes _____ No _____
 If yes, complete below:
 License # _____ License Type _____
 Are you an insured New Mexico motorist: Yes _____ No _____
 Have you been convicted of a DWI within the past five (5) years: Yes ____ No ____
 Do you have any moving traffic violations within the past three (3) years: Yes __ No __
 If yes, list offenses and dates _____

MILITARY HISTORY

(DD form 214 must be attached to verify all military service)

Were you or are you a member of the United States Armed Forces: Yes ___ No ___

Branch: _____ Dates of Service From: _____ To: _____

Your rank at release: _____ Type of Discharge: _____

Are you a member of the Reserves or National Guard? Yes ___ No ___

Have you ever been Court - martialed? Yes ___ No ___

If yes, please explain: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY

1. Position you are applying for: _____ 2. Desired salary: _____
3. When can you begin work? _____ Full Time or Part Time? _____
4. Have you applied previously for employment at HOGARES, INC? Yes ___ No ___
5. How were you referred to HOGARES, INC.?

Youth Care Worker Position Only:

6. Are you available to work:	Weekends?	Yes ___ No ___
	Nights?	Yes ___ No ___
	Holidays?	Yes ___ No ___
Are you available to work:	Days (8:00am to 4:00pm)	Yes ___ No ___
	Swing (4:00pm to Midnight)	Yes ___ No ___
	Grave (Midnight to 8:00am)	Yes ___ No ___

7. A dependable vehicle is required and must be available to you while on the job. Do you have your own vehicle for reliable transportation, which can be used for conducting agency business when necessary? Yes ___ No ___
 8. Have you ever possessed or used illegal drugs? Yes ___ No ___
- If yes, please explain: _____
- _____

9. Have you ever been involved in the illegal use of drugs within the last two (2) years?

Yes ___ No ___

If yes, please explain: _____

11. Have you ever been arrested for, charged with or convicted of any violation of any Federal, State, County or Municipal law, regulation or ordinance? All charges must be included even if they were dismissed. An affirmative answer will not necessarily disqualify you from being considered for employment. (Include traffic violations)

Yes ___ No ___

If yes, please explain: _____

12. Have you ever been arrested or convicted of offenses dealing with the mistreatment or abuse of children or others?

Yes ___ No ___

If yes, please explain: _____

13. Is there anything in your background that might cause concern about hiring you for a position working with children?

Yes ___ No ___

If yes, please explain: _____

14. Are you now or have you ever been on parole or probation? Yes ___ No ___

If yes, please explain: _____

15. Have you ever been discharged from any employment? Yes ___ No ___

If yes, please explain: _____

16. Have you ever had a job which required a Criminal Records Check by the New Mexico Department of Children, Youth & Families? Yes ___ No ___

If yes, please give employer name and dates of employment: _____

EDUCATION

TYPE OF SCHOOL	SCHOOL NAME, CITY, STATE	DATES ATTENDED		DATE OF GRADUATION MONTH/YEAR	DEGREE OBTAINED
		FROM MO/YR	TO MO/YR		
High School Circle Year(s) completed 9 10 11 12					
College Circle Year(s) completed 1 2 3 4					
College Circle Year(s) completed 1 2 3 4					
Graduate or Prof. Schools Circle Year(s) completed 1 2 3 4					

PROFESSIONAL REFERENCES

(Give the names of four people who have directly supervised you in a work setting)

NAME (First, Last)	STREET ADDRESS	CITY, STATE	TELEPHONE #	OCCUPATION	YEARS KNOWN

PERSONAL REFERENCES

(Give the name of four people who are not related to you)

NAME (First, Last)	STREET ADDRESS	CITY, STATE	TELEPHONE #	OCCUPATION	YEARS KNOWN

WORK EXPERIENCE

ACCOUNT FOR ALL EMPLOYMENT, SELF EMPLOYMENT, UNEMPLOYMENT FOR THE PREVIOUS FIVE (5) YEARS OR BACK TO YOUR EIGHTEENTH (18TH) BIRTHDAY (if you are less than twenty-four (24) years of age)

Name of Present or Previous Employer:	Job Title: Ending Pay:
Address, City, State, Telephone #:	Dates of Employment: From: (mm/yy) To: (mm/yy) Reason for Leaving:
Name of Supervisor:	<div style="background-color: #cccccc; padding: 2px;">FOR OFFICE USE ONLY</div> Verified By:
Duties and Responsibilities:	

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Duties and Responsibilities:		

RELEASE OF INFORMATION

I, _____ the undersigned applicant, certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the progress of my pre-employment evaluation may result in rejection of my application or, if I am hired, termination.

I understand that HOGARES, INC. will contact my former or current employers for the purpose of obtaining information or references relating to or about my employment.

I release and discharge HOGARES, INC. and my current and former employers from any and all claims or liability which may arise from HOGARES, INC inquiring about me in connection with my application for employment with HOGARES, INC.

Signature of Applicant

Date

